



## **INTERNATIONAL STUDENT HOMESTAY APPLICATION**

**Please return the completed Homestay Application with the Security Deposit and Processing Fee to your International Student Advisor (ISA).**

**Thompson Rivers University  
TRU World**  
900 McGill Road, P.O. Box 3010  
Kamloops, BC V2C 0C8  
CANADA

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### **FEES FOR HOMESTAY - Effective January 1, 2016**

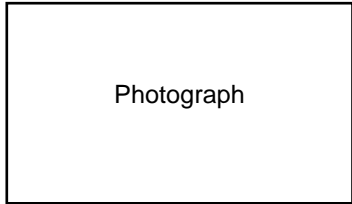
<b>PROCESSING FEE (waived for ISEP students)</b>	<b>CDN \$150.00</b>
<b>SECURITY DEPOSIT</b>	<b>CDN \$375.00</b>
<b>RECEPTION FEE</b>	
Student in Homestay	<b>Included in the processing fee</b>
<b>MONTHLY FEE</b>	
Student to Pay Host Family directly upon arrival, Every 30 days	<b>CDN \$750.00</b>

***NOTE:***

***Fees, conditions and policies are subject to change without prior notice.***

**INTERNATIONAL STUDENT HOMESTAY APPLICATION**

*(Please print or type)*



Name: \_\_\_\_\_  
                     Surname/Family Name                      First                      Middle

TRU Student number: \_\_\_\_\_

Semester: \_\_\_\_\_

Please indicate the name you wish to be called: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

\* You may wish to inform us of your religion in case your faith involves dietary restrictions or other factors that the host family needs to be aware of, and so we can provide the best possible match with a host family.

Please give us details of your family:

Name	Age	Relationship	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check any of the following that describe you:

- Outgoing     Comical     Talkative     Artistic     Others \_\_\_\_\_  
 Shy     Serious     Quiet     Athletic     Preferred dinner time \_\_\_\_\_

What are your interests and hobbies? \_\_\_\_\_

Do you play any musical instruments?	Yes	No
If yes, please indicate the instrument(s) you play.	_____	
Do you have any allergies, medical conditions, disabilities?	Yes	No
If yes, please give details.	_____	
Do you drink (alcohol) moderately?	Yes	No
Are you a vegetarian?	Yes	No
Do you smoke?	Yes	No
Would you live with people who smoke?	Yes	No
Are you allergic to...                      dog(s)                      cat(s) <input type="checkbox"/> bird(s) <input type="checkbox"/> reptile(s) <input type="checkbox"/> Others _____		

If you have been abroad, please describe where and how long. \_\_\_\_\_

Do you have friends and relatives in Canada?

\_\_\_\_\_ (friend / relative) in \_\_\_\_\_ (town)

\_\_\_\_\_ (friend / relative) in \_\_\_\_\_ (town)

Is there anything you particularly dislike? Can you give us any other information about yourself that might be helpful?

\_\_\_\_\_

\_\_\_\_\_

